

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560804

FILING DATE

15 DEC 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2				/		/
3				/		/
4				/		/
5				/		/
6				/		/
7				/		/
8				/		/
9				/		/
10				/		/
11				/		/
12				/		/
13				/		/
14				/		/
15				/		/
16				/		/
17				/		/
18				/		/
19				/		/
20				/		/
21				/		/
22				/		/
23				/		/
24				/		/
25				/		/
26				/		/
27			/		/	
28				/		/
29			/		/	
30				/		/
31			/		/	
32				/		/
33			/		/	
34				/		/
35				/		/
36				/		/
37			/		/	
38				/		/
39			/		/	
40				/		/
41			/		/	
42				/		/
43				/		/
44				/		/
45				/		/
46				/		/
47				/		/
48				/		/
49				/		/
50				/		/
TOTAL IND.		↓		↓	8	↓
TOTAL DEP.		←		←	42	←
TOTAL CLAIMS					50	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
53						/
54						/
55						/
56						/
57						/
58						/
59						/
60						/
61						/
62						/
63						/
64						/
65						/
66						/
67						/
68						/
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81						/
82						/
83						/
84						/
85						/
86						/
87						/
88						/
89						/
90						/
91						/
92						/
93						/
94						/
95						/
96						/
97						/
98						/
99						/
100						/
TOTAL IND.		↓		↓	0	↓
TOTAL DEP.		←		←	13	←
TOTAL CLAIMS					13	